P14000038452

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Ви	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
na n		
<i>-</i> -, ⋅	Office Use Only	,



000263683160

09/02/14--01019--001 **35.00

FILED

14 SEP -2 PH 4: 30

SECATION OF PLORIDA

NM 9-9-14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Health Sc	lution Staff	ing Corp	<u></u> 1
DOCUMENT NUMBER: P14000038	452		THE CAR
The enclosed Articles of Amendment and fee are subm	nitted for filing.		SST.
Please return all correspondence concerning this matte	er to the following:		
Lourdes Castillo			
	(Name of Contact Person	1)	
Health Solution Staffing	Corp		
	(Firm/ Company)		
175 Fontainebleau Blvd	suite 1-K-£	3 ·	
	(Address)	,	
Miami, FL 33172			
	(City/ State and Zip Cod	e)	
healthsolutionstaf			-
For further information concerning this matter, please	call:		
Lourdes Castillo	_{at} 786	444-8525 ode & Daytime Telephone N	
(Name of Contact Person)	(Area Co	ode & Daytime Telephone N	Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment Articles of Incorporation of

Health Solution Staffing Corp

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000038452

(Document Number of Corporation (if known)

A. If amending name, enter the new na	me of the corpora	<u>uton:</u>	The ne
name must be distinguishable and contain "Company" or "Co." may not be used in		ation" or "incorporated" or the abbreviation "Corp	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		175 Fontainebleau Blv	
		[⊡] suite 1-K− <i>6</i>	
		Miami, Fl 33172	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		175 Fontainebleau Blvd	
		suite 1-K-B	
		Suite 1-10 B	
		Miami, Fl 33172	
new registered agent and/or the new		Miami, Fl 33172	
	registered office	Miami, Fl 33172 lice address in Florida, enter the name of the address:	
new registered agent and/or the new	registered office	Miami, Fl 33172	
new registered agent and/or the new Name of New Registered Agent:	registered office	Miami, Fl 33172 Tice address in Florida, enter the name of the address: inebleau Blvd suite 1-K (Florida street address)	
new registered agent and/or the new Name of New Registered Agent:	175 Fonta	Miami, FI 33172 Fice address in Florida, enter the name of the address: inebleau Blvd suite 1-K (Florida street address) , Florida	Code)
new registered agent and/or the new Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if ch	175 Fontal Miami (City	Miami, Fl 33172 Fice address in Florida, enter the name of the address: inebleau Blvd suite 1-K (Florida street address) Florida 33172	, .

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>		14 SEP -2 TALLAHASSE
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change		N/A		L: 30
Add				
Remove				
2) Change				
Add				_
Remove				
3) Change				
Add				<u>.</u>
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

1/1	
NA	
1	-1
	May-
	70.
	<u> </u>
<u> </u>	
-	

The date of each amendment	• • • • • • • • • • • • • • • • • • • •	, if other than the
date this document was signed. Effective date if applicable:	7/30/2014	_
	(no more than 90 days after amendment file date)	•
Adoption of Amendment(s)	(CHECK ONE)	14 SEP
☐ The amendment(s) was/w was/were sufficient for ap	rere adopted by the members and the number of votes cast for the amendment(s)	2
adopted by the board of o		PH 4: 30
Dated 7/3	0/2014	>
Signature		-
have n	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
Lourde	s Castillo	
	(Typed or printed name of person signing)	
Preside	ente	
	(Title of person signing)	